
ESOPHAGEAL TRACHEAL AIRWAY DEVICE (ETAD)

FIELD ASSESSMENT/TREATMENT INDICATORS

ETAD intubation may be performed only on those patients who meet ALL of the following criteria:

- Unresponsive and apneic (<6 per minute)
- No gag reflex
- Over 15 years of age
 - LA (large adult) device – Height 5 feet tall
 - SA (small adult) device – Height 4ft – 5ft 6inches tall

ADDITIONAL CONSIDERATIONS

BVM management not adequate or effective
Endotracheal Intubation is unsuccessful after three attempts
An ETAD should not be removed unless there is a malfunction
Medications may NOT be given via the ETAD

CONTRAINDICATIONS

Known ingestion of caustic substances
Suspected foreign body airway obstruction (FBAO)
Facial and/or esophageal trauma
Patients with known esophageal disease (cancer, varices, surgery, etc.)

PROCEDURE

1. Support ventilations with appropriate basic airway adjuncts
2. Select appropriate ETAD size and pre-oxygenate prior to attempting procedure. If resistance is met while advancing tube, discontinue procedure.
 - a. Lubricate distal end of device with water-soluble lubricant
 - b. Attach right angle emesis deflector to lumen #2
 - c. Perform tongue jaw lift and gently insert device in mid-line and until teeth are between the double black rings
 - d. Inflate pharyngeal cuff per manufacture recommendations
 - e. Inflate distal cuff per manufacture recommendations and remove syringe
 - f. Attach BVM and remove syringe to lumen #1 (esophageal) and ventilate. Verify placement by:
 - i. Rise and fall of the chest
 - ii. Bilateral breath sounds
 - iii. Absent epigastric sounds
 - iv. End-tidal CO₂ detector and/or pulse oximetry
3. After tube placement has been verified, continue to ventilate through lumen #1.
 - a. If breath sounds are absent and epigastric sounds are present, remove bag valve and ventilate through lumen #2 (tracheal).
 - b. If unable to confirm placement, remove and continue to use a BVM with either an OPA or NPA.
4. ETAD placement may be attempted two times.

DOCUMENTATION

Upon arrival at the receiving hospital, the Advanced Skills Evaluation Form on the back of the yellow copy of the O1A Form or electronic equivalent must be filled out and signed by receiving physician. This form must then be forwarded to ICEMA by either the PLN at the receiving facility if it is a Base Hospital or by the EMT-P's Agency EMS/QI Coordinator.

In the event the receiving physician discovers the device is improperly placed, an Incident Report must be filed and forwarded to ICEMA within one week by the EMS/QI Coordinator/PLN.

Note: This skill may only be preformed by those EMT-I individuals employed by an approved ETAD provider.